Official Study Title:

We Are Here Now: A Multi-level, Multicomponent Sexual and Reproductive Health Intervention for American Indian Youth

Clinical Trials Number: NCT03694418

Date: July 4, 2019

Document Type: Informed Consent Form

This pdf document contains three separate Institutional Review Board reviewed and approved Informed Consent Forms. The first consent form is an "Opt-out" consent form sent to study participant legal guardians in April 2019 (approved April 16, 2019 by the Montana State University IRB). The second consent form is an "Opt-in" consent form for student study participants (approved October 3, 2019 by the Montana State University IRB). The third consent form is an "Opt-in" consent form for parent/legal guardian study participants (approved October 3, 2019 by the Montana State University IRB).

Dear Parent or Guardian,

Your child has been identified to participate in a survey. The survey is part of *We Are Here Now*, an intervention designed to teach young people and families about sexual and reproductive health. *We Are Here Now* is in collaboration with the Fort Peck Tribes Language and Culture Department, Fort Peck Community College and Montana State University. The purpose of *We Are Here Now* is to teach young people and families about the issues that influence pregnancies and sexually transmitted infections among the young people at Fort Peck. The purpose of *We Are Here Now* is to help young people make healthy decisions about having children, preventing sexually transmitted infections, and leading healthy lives. Your child has been selected to participate in *We Are Here Now* because he/she is a young person at Fort Peck.

In order to learn about topics that contribute to pregnancies and sexually transmitted infections at Fort Peck we would like to hear from your child. If you decide that it is okay for your child to participate in the survey it will take 45 to 50 minutes. Your child will be asked several questions about different topics related to sex, having children and sexually transmitted infections in order to learn about what you think about having children and what you know about sexually transmitted infections. Your child will also be asked questions about his/her sexual behavior and experiences with drugs and alcohol. Your child will also be asked questions about your feelings and emotions. It is important that you know that all of your child's responses on this survey are confidential. Your child's responses will be kept track of in the computer that he/she is taking the survey on. Your child's name will be nowhere in the computer or on the survey. If you agree that it is okay for your child to participate in this survey, he/she will receive a \$10 gift card that they can use here at Fort Peck.

There may be minor risks to your child to participate in the survey. Some of the questions may make he/she feel uncomfortable, sad or confused. Your child may choose to stop the survey at any time or decline to answer a particular question. The questions will be about his/her life experiences as they relate to sex, drug and alcohol use, having children, sexually transmitted infections as well as his/her feelings and emotions. Your child may choose to answer or not answer any of the questions that are asked during the survey.

The information gathered in this survey will help the intervention's research team and members of the Fort Peck community to understand what kind of impact your participation in *We Are Here Now* is having on your decisions to avoid getting a sexually transmitted disease and your decisions about having children when you feel you are ready. We would also like you to know that if you tell us about any abusive situation you are experiencing or have experienced, we will need to report that to the appropriate services here at Fort Peck so that you can receive assistance.

The research team has access to the data collected for this project. The *We Are Here Now* community advisory board will also have access to the data collected for this intervention. The research team and the community advisory board WILL NOT KNOW who you are and what your responses to the survey are. All responses on this survey will are confidential. Paula Brien-FireMoon at Fort Peck Community College is the only person who will have access to your personal information.

We will publish the intervention results and make presentations on the results from *We Are Here Now*. Your child's identity will never appear in a publication or in print or be discussed at a presentation. In addition, you will have the opportunity to learn about the intervention results by contacting members of the research team, attending community meetings where we share the results of the project, and through local (Fort Peck Reservation) media.

If you have any questions regarding this survey please contact:

Paula Brien-FireMoon – Fort Peck Community College

Email: PFiremoon@fpcc,edu Phone: 406. 768.6300

Ramey Growing Thunder, Fort Peck Tribes Language and Culture Department

Email:rgrowingthunder@gmail.com; Phone: 406.768-3520

Elizabeth Rink – Montana State University

Email: elizabeth.rink@montana.edu Phone: 406.994.3833

Mark Quinn, Montana State University Institutional Review Board Chair

Email: mquinn@montana.edu; Phone: 406.994. 4707

CONSENT STATEMENT

Opt-out agreement for minor

If as a parent or guardian you do not want your child to participate in this survey please read, complete and sign the statement below. Please have your child return this form to the principal's office at his/her school.

statement below. I leade have your ennia return in	is form to the principal soffice at morner sensor.
Parent/Guardian for Minor: I have read the abo	ove and understand the discomfort, inconvenience and risks associated
with this survey. I,	, do not agree to have my child participate in this survey.
Name of Parent/Guardian	
Parent/Guardian Signature:	Date of Signature:

NenUnkUmbi/EdaHiYedo ("We Are Here Now") Informed Consent to Participate in Human Subjects Research with Montana State University in Partnership with Fort Peck Community College

What is this project about?

We Are Here Now is an intervention project with Fort Peck Community College and Montana State University. The purpose of this intervention is to teach youth at Fort Peck important things they need to know about sex so that they can stay healthy and not get a sexually transmitted disease, HIV, or Hepatitis C, and so that they can make healthy decisions about having children, getting pregnant, or getting someone pregnant. We Are Here Now also teaches Assiniboine and Sioux youth about their culture and traditional beliefs and practices about what it means to be a young Native person who will soon be an adult.

Why me?

You have been selected to participate in *We Are Here Now* because you are a young person at Fort Peck. You may choose to participate or not participate at any time.

What happens to me if I decide to participate?

If you decide to be in *We Are Here Now,* you will participate in a survey that will take 50 to 60 minutes. You will be asked to complete this survey three more times during the next year so that we can keep track of any changes you may have in your beliefs and behaviors as a result of participating in *We Are Here Now.* You will be asked several questions about different topics related to sex, having children, and sexually transmitted diseases in order to learn about what you think about having children and what you know about sexually transmitted diseases. You will also be asked questions about your sexual behavior and experiences with drugs and alcohol. You will also be asked questions about your feelings and emotions and your traditional culture. It is important that you know that all of your responses on this survey are anonymous. This means that no one will know that it is you who answered these questions. Your responses will be kept track of in the computer that you are taking the survey on. Your name will be nowhere in the computer or on the survey. There is no cost to you if you agree to participate in this study. If you agree to participate in this survey, you will receive a \$10 gift card that you can use here at Fort Peck. Also by agreeing to participate in *We Are Here Now*, your parent/legal guardian is agreeing to participate in an educational program called *Native Voices*, and you are agreeing to be part of a cultural mentoring program with the Fort Peck Tribes' Language and Culture Department.

What are the risks?

There may be minor risks to agreeing to participate in the survey. Some of the questions may make you feel uncomfortable, sad, or confused. You may choose to stop the survey at any time or decline to answer a particular question. The questions will be about your life experiences as they relate to sex, drug and alcohol use, having children, sexually transmitted diseases, your feelings and emotions, and your understanding of your traditional culture. None of the things that you say on the survey will be connected to your name.

What are the benefits?

The information gathered in this survey will help the intervention's research team and members of the Fort Peck community to understand what kind of impact your participation in *We Are Here Now* is having on your decisions to avoid getting a sexually transmitted disease and your decisions about having children when you feel you are ready. We would also like you to know that if you tell us about any abusive situation you are experiencing or have experienced, we will need to report that to the appropriate services here at Fort Peck so that you can receive assistance.

Who gets access to information from this interview?

All responses on this survey will be confidential. Only one person, Paula FireMoon, will know that you participated. Your personal information such as your name, telephone number and address will be linked to a study identification number to track your participation in the study. Your personal information will only be kept in order to contact you to participate in the follow up data collection for this study. Your personal information will be kept in a locked file cabinet at the Fort Peck Community College Institutional Review Board administration office in Poplar. Neither Paula nor the rest of the research team, nor the community advisory board, will know what your individual responses to the survey are. The data collected in this study will not be

associated with your name. The research team and the community advisory board will have access to the data collected for this project with no identifying information on it that can be associated with your name.

How am I informed about the results of the project, and when will they be released and presented to someone else?

We will publish the intervention results and make presentations on the results from *We Are Here Now*. Your identity will never appear in a publication or in print or be discussed at a presentation. In addition, you will have the opportunity to learn about the intervention results by contacting members of the research team, attending community meetings where we share the results of the project, and through local (Fort Peck Reservation) media.

Who is involved in We Are Here Now?

If you have any questions regarding this survey please contact:

Paula FireMoon, Fort Peck Community College

Email: PFiremoon@fpcc,edu; Phone: 406.768.6300

Elizabeth Rink, Montana State University

Email: elizabeth.rink@montana.edu; Phone: 406.994.3833

Mark Quinn, Montana State University Institutional Review Board Chair

Survey Administrator Signature: ______

Email: mquinn@montana.edu; Phone: 406.994. 4707

CONSENT STATEMENT

If the research participant is a minor:

If you are 18 years or younger and you agree to participate in this survey, please read, complete, and sign the statement below. By signing this consent form you are giving your verbal and written consent to complete this survey.

<u>Minor</u> : I have read the above and understand survey.	the discomfort, inconvenience, and risks associated with this
I, Name of Minor	_, agree to participate in this survey.
Minor Participant Signature:	Date:
Parent/Legal Guardian agreement for minor	<u>r:</u>
If as a parent or guardian you do want your chance the statement below.	nild to participate in this survey, please read, complete, and sigr
Parent/Legal Guardian for Minor: I have read risks associated with this survey.	d the above and understand the discomfort, inconvenience, and
I,, de Name of Parent/Guardian	o agree to have my child participate in this survey.
Parent/Guardian Signature:	Date:

Date

Introduction

This survey will ask you questions about yourself. Many of the questions are about topics related to sex, alcohol and drugs, how you talk to your parents about sex, and your life experiences. Please remember that all of your answers to the questions are anonymous. This means that no one will know that it was you who answered these questions. No one will know your name and your answers to the questions. Only the answers to the questions will be recorded, not your name.

Thank you for taking the time to complete this survey.

SECTION 1: DEMOGRPAN	HCS	
1.1 What is your gender?	Male	Female
1.2 How old are you?		_ (age in years)
1.3 What town do you live in	n?	
Frazer Oswego Wolf Point Poplar Brockton Fort Kipp Other		
1.4. What grade are you in?	?	
9 th 10 th 11 th 12 th		

SECTION 2: CULTURAL IDENTITY (tertiary outcome variable)

The next set of questions are related to your culture and what it means for you to be an American Indian.

- 2.1 How much do you now live by or follow an American Indian way of life?
 - a. Not at all
 - b. A little
 - c. Some
 - d. A lot
- 2.2 How much do you now live by or follow a White or Anglo way of life?
 - a. Not at all
 - b. A little
 - c. Some
 - d. A lot
- 2.3 How important is it to you to follow religious or spiritual beliefs which are based on traditional Indian beliefs?
 - a. Not at all important

C	o. Not very important c. Somewhat important d. Very important					
	w important is it to you to follow religious or stholic, Baptist, Mormon, etc.?	spiritual beliefs tl	nat are	base	d on Christian b	eliefs such as
k	a. Not at all important b. Not very important c. Somewhat important d. Very important					
2.7. Ho	ow proud are you to be an American Indian?					
k C	a. Not at all proud b. Not very proud c. Somewhat proud d. Very proud e. I do not consider myself to be an America	n Indian.				
2.8 Wh	at kinds of activities have you participated in	over the past ye	ear?			
	Gathering traditional foods	\square Singing and	drumn	ning		
	Beading	☐ Traditional o	eremo	nies		
	Hand/stick games	□ Sweats				
	Hunting	☐ Kinship Hist	ory			
	Using sacred medicine	☐ Going to Po	w Wow	/S		
	Dancing at Pow Wows	☐ Learning wh	at it me	eans t	to be a	
	Traditional beliefs about sex	man (if male	e)/woma	an(if f	emale)	
	Learning about what it means to be					
	an adult					
	Sundance/Medicine lodge					
	Other (please describe):					
<u>SECTIO</u> variable	ON 3: COMMUNICATION ABOUT SEX WIT	TH PARENTS/L	EGAL (GUAF	RDIAN (tertiary o	outcome
Now yo	ou are going to be asked questions about wharents/legal guardian about.	nat kinds of topic	s relate	ed to s	sex you do or do	not talk with
3.1. Ha	ave you talked with your parent/legal guardia	n about each of	the foll	owing	topics in the pa	ıst year?
			YES	NO	I DON'T KNOV	٧
	a. What qualities are important in choosing					
	b. What qualities to look for in a bovfriend/c	ıirlfriend/life	1			ĺ

	YES	NO	I DON'T KNOW
a. What qualities are important in choosing close friends			
b. What qualities to look for in a boyfriend/girlfriend/life			
partner			
c. How boys' bodies change physically as they grow up			
d. How girls' bodies change physically as they grow up			
e. How women get pregnant and have babies			
f. Symptoms of sexually transmitted infections (STIs)			

g. Reasons why people like to have sex	
h. How well birth control can prevent pregnancy	
i. How to choose a method of birth control	
j. How to say no if someone wants to have sex and you	
don't want to	
k. How well condoms can prevent sexually transmitted	
infections (STIs)	
I. Menstruation (having menstrual periods)	
m. The importance of not pressuring other people to have	
sex	
n. How you will make decisions about whether or not to	
have sex	
o. Consequences of getting pregnant/getting someone	
pregnant	
p. How to use a condom	
q. Reasons why you should not have sex	
r. Masturbation	
s. What it feels like to have sex	
t. Homosexuality/people being gay	
u. Wet dreams [measured for boys only]	
v. What to do if a partner doesn't want to use a condom	
w. How people can prevent getting sexually transmitted	
infections (STIs)	
x. How you will know if you are in love	

SECTION 4: ACCESS TO REPRODUCTIVE HEALTH SERVICES(tertiary outcome variable)

This next set of questions is about where you go to get services like getting a pregnancy test, sexually transmitted disease test, or birth control.

- 4.1 Have you ever been to Indian Health Service or Fort Peck Tribal Health for things like condoms, birth control, a pregnancy test or a sexually transmitted disease test?
 - a. yes
 - b. no
- 4.2 If you need to get condoms, birth control, a pregnancy test, or a sexually transmitted disease test, where would you go? (Mark all that apply)
 - a. Indian Health Services
 - b. Fort Peck Tribal Health
 - c. Roosevelt County Health Department
 - d. Somewhere off the reservation
 - e. The Hospital
 - f. A private doctor
 - g. Local stores
 - h. School nurse
 - i. Teachers or counselors in your school
 - j. Elder
 - k. Other
- 4.3 If you had to put your response on a scale, how uncomfortable or comfortable would you say you feel when a health care provider talks with you about birth control and STDs? Would you say you are:
 - a. Very uncomfortable
 - b. Slightly uncomfortable

c. Neither uncomfortable or comfortabled. Slightly comfortablee. Very comfortable
4.4 In general, how satisfied or dissatisfied would you say you are with the birth control and STD information and services you have received from health care providers in the past?
 a. Very dissatisfied b. Somewhat dissatisfied c. Neither satisfied nor dissatisfied d. Somewhat satisfied e. Very satisfied
4.5 How likely is it that you will seek birth control or STD services from a health care provider in the next year?
 a. Not at all likely b. A little likely c. Moderately likely d. Very likely e. Extremely likely
Section 5: Sexual Behavior (primary, secondary, tertiary outcome variables)
The next questions ask you about your sexual behavior.
5.1 Have you ever had sexual intercourse? Yes No
If you have <u>never</u> had sexual intercourse, skip to Section 6.
5.2 How old were you when you had sexual intercourse for the first time?
 a. I have never had sexual intercourse b. 11 years old or younger c. 12 years old d. 13 years old e. 14 years old f. 15 years old g. 16 years old h. 17 years old or older
5.3 During your life, with how many people have you had sexual intercourse?
 a. 1 person b. 2 people c. 3 people d. 4 people e. 5 people f. 6 or more people
5.4 During the past month, how many people have you had sex with? [# of people]
5.5 During the past month, how many TIMES have you had sex? times
5.6 Of the times you had sex over the <u>past month</u> , how many TIMES was a condom used? times

5.7 Of the times you had sex over the <u>past month</u> , how many TIMES did you use birth control other than a condom, like birth control pills or having a deprova shot? times
5.8 Over the past month, did you drink alcohol or take any kind of drug and have sex? Yes No
5.9 Did you drink alcohol or use drugs before you had sexual intercourse the <i>last</i> time?
a. I have never had sexual intercourseb. Yesc. No
5.10 The last time you had sexual intercourse, what one method did you or the person you had sex with use to prevent pregnancy? (Select only one response.)
a. No method was used to prevent pregnancy b. Birth control pills c. Condoms
d. An IUD (such as Mirena or ParaGard) or implant (such as Implanon or Nexplanon) e. A shot (such as Depo-Provera), patch (such as OrthoEvra), or birth control ring (such as NuvaRing) f. Withdrawal or some other method g. Not sure
5.11 How many times have you been pregnant or gotten someone pregnant?
a. 0 timesb. 1 timec. 2 or more timesd. Not sure
5.12 Have you ever been tested for HIV, the virus that causes AIDS?
a. Yes b. No c. Not sure
5.13 Have you ever been tested for other sexually transmitted diseases (STDs), such as genital herpes, chlamydia, syphilis, or genital warts?
a. Yes b. No c. Not sure
5.14 Have you ever been told by a doctor or nurse that you had the HIV infection or any other sexually transmitted disease (STD)?
a. Yes b. No c. Not sure
If yes, did you receive follow-up care? Yes No Not sure
5.15 Have you ever been tested for HCV (Hepatitis C)?
a. Yes b. No

- c. Not sure
- 5.16 Have you ever been told by a doctor or nurse that you had Hepatitis C?
 - a. Yes
 - b. No
 - c. Not sure

If yes, did you receive follow-up care? Yes No Not sure

Section 6: Substance Use Questions (secondary outcome variables)

These next questions are about alcohol and drug use.

6.1 How old were you when you tried any of the following for the first time?

Alcohol	I have never tried	8 years old or younger	9 or 10 years old	11 or 12 years old	13 or 14 years old	15 or 16 years old	17 years old or older
Marijuana (grass, pot, weed, or reefer)	I have never tried	8 years old or younger	9 or 10 years old	11 or 12 years old	13 or 14 years old	15 or 16 years old	17 years old or older
Meth (speed, crystal, crank, or ice)	I have never tried	8 years old or younger	9 or 10 years old	11 or 12 years old	13 or 14 years old	15 or 16 years old	17 years old or older
Cocaine (powder, crack, or freebase)	I have never tried	8 years old or younger	9 or 10 years old	11 or 12 years old	13 or 14 years old	15 or 16 years old	17 years old or older
Ecstasy (MDMA)	I have never tried	8 years old or younger	9 or 10 years old	11 or 12 years old	13 or 14 years old	15 or 16 years old	17 years old or older
Heroin (smack, junk, or diesel)	I have never tried	8 years old or younger	9 or 10 years old	11 or 12 years old	13 or 14 years old	15 or 16 years old	17 years old or older
Steroids (pills or shots without a doctor's prescription)	I have never tried	8 years old or younger	9 or 10 years old	11 or 12 years old	13 or 14 years old	15 or 16 years old	17 years old or older
Inhalants (sniff glue, breathe the contents of aerosol spray cans, or inhale any paints or sprays to get high)	I have never tried	8 years old or younger	9 or 10 years old	11 or 12 years old	13 or 14 years old	15 or 16 years old	17 years old or older

6.2 During your life, how many times have you used any of the following:

Alcohol	0 times	1-2 times	3-9 times	10-19 times	20-39 times	40-99 times	100 or more
Marijuana (grass, pot, weed, or reefer)	0 times	1-2 times	3-9 times	10-19 times	20-39 times	40-99 times	times 100 or more times
Meth (speed, crystal, crank, or ice)	0 times	1-2 times	3-9 times	10-19 times	20-39 times	40-99 times	100 or more times
Cocaine (powder, crack, or freebase)	0 times	1-2 times	3-9 times	10-19 times	20-39 times	40-99 times	100 or more times
Ecstasy (MDMA)	0 times	1-2 times	3-9 times	10-19 times	20-39 times	40-99 times	100 or more times
Heroin (smack, junk, or diesel)	0 times	1-2 times	3-9 times	10-19 times	20-39 times	40-99 times	100 or more times
Steroids (pills or shots without a doctor's prescription)	0 times	1-2 times	3-9 times	10-19 times	20-39 times	40-99 times	100 or more times
Inhalants (sniff glue, breathe the contents of aerosol spray cans, or inhale any paints or sprays to get high)	0 times	1-2 times	3-9 times	10-19 times	20-39 times	40-99 times	100 or more times

6.3 During the past 30 days, how many times did you use any of the following:

Alcohol	0 times	1 time	2 times	3 to 5 times	6 to 9 times	10 to 19 times	20 or more times
Marijuana (grass, pot, weed, or reefer)	0 times	1 time	2 times	3 to 5 times	6 to 9 times	10 to 19 times	20 or more times
Meth (speed, crystal, crank, or ice)	0 times	1 time	2 times	3 to 5 times	6 to 9 times	10 to 19 times	20 or more times
Cocaine (powder, crack, or freebase)	0 times	1 time	2 times	3 to 5 times	6 to 9 times	10 to 19 times	20 or more times
Ecstasy (MDMA)	0 times	1 time	2 times	3 to 5 times	6 to 9 times	10 to 19 times	20 or more times

Heroin (smack, junk, or diesel)	0 times	1 time	2 times	3 to 5 times	6 to 9 times	10 to 19 times	20 or more times
Steroids (pills or shots without a doctor's prescription)	0 times	1 time	2 times	3 to 5 times	6 to 9 times	10 to 19 times	20 or more times
Inhalants (sniff glue, breathe the contents of aerosol spray cans, or inhale any paints or sprays to get high)	0 times	1 time	2 times	3 to 5 times	6 to 9 times	10 to 19 times	20 or more times

- 6.4 During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row—that is, within a couple of hours?
 - a. 0 days
 - b. 1 day
 - c. 2 days
 - d. 3 to 5 days
 - e. 6 to 9 days
 - f. 10 to 19 days
 - g. 20 or more days
- 6.5 During your life, how many times have you used a needle to inject any illegal drug into your body?
 - a. 0 times
 - b. 1 time
 - c. 2 or more times

SECTION 7: BELIEFS ABOUT PREGNANCY (Other Variables)

These questions are about your beliefs about pregnancy.

7.1. H	ow old	do you think	a woman	should b	e when	she has	her first	child?
		_YEARS O n't know.	LD					

- 7.2. How old do you think a man should be when he has his first child?
 - a. ____YEARS OLD
 - b. I don't know.
- 7.3. If you or your partner/boyfriend/girlfriend had a child in the next year, please tell us how <u>having a child</u> would affect you. (Even if you don't have a partner right now, tell us what you think you would do if this happened.)
 - a. It would interfere with my relationship with my partner.
 - i. Disagree
 - ii. Neither agree nor disagree
 - iii. Agree

- b. It would take away my freedom.
 - i. Disagree
 - ii. Neither agree nor disagree
 - iii. Agree
- c. It would interfere with my plans.
 - i. Disagree
 - ii. Neither agree nor disagree
 - iii. Agree
- d. It would be a real problem.
 - i. Disagree
 - ii. Neither agree nor disagree
 - iii. Agree
- e. It would fit in with my plans.
 - i. Disagree
 - ii. Neither agree nor disagree
 - iii. Agree
- f. My family would be upset or disappointed.
 - i. Disagree
 - ii. Neither agree nor disagree
 - iii. Agree
- g. My family would kick me out.
 - i. Disagree
 - ii. Neither agree nor disagree
 - iii. Agree
- h. It would give my life direction.
 - i. Disagree
 - ii. Neither agree nor disagree
 - iii. Agree
- i. It would make it difficult to get or keep a job.
 - i. Disagree
 - ii. Neither agree nor disagree
 - iii. Agree
- j. I would consider it a great gift.
 - i. Disagree
 - ii. Neither agree nor disagree
 - iii. Agree
- k. It would encourage me to keep my job or look for a better job.
 - i. Disagree
 - ii. Neither agree nor disagree
 - iii. Agree
- I. My family would support me.
 - i. Disagree
 - ii. Neither agree nor disagree
 - iii. Agree
- m. It would make it difficult to stay in school.

- i. Disagree
- ii. Neither agree nor disagree
- iii. Agree
- 7.4. If you or your partner got pregnant within the next year or are currently expecting a child, how likely do you think it is that you would do any of the following things? (Even if you don't have a partner right now, tell us what you think you would do if this happened.)

I WOULD ...

- a. Raise the baby.
 - i. Not at all likely
 - ii. Not very likely
 - iii. Somewhat likely
 - iv. Very likely
- b. Get married or stay married.
 - i. Not at all likely
 - ii. Not very likely
 - iii. Somewhat likely
 - iv. Very likely
- c. Put the baby up for adoption.
 - i. Not at all likely
 - ii. Not very likely
 - iii. Somewhat likely
 - iv. Very likely
- d. Give the child to a relative to raise.
 - i. Not at all likely
 - ii. Not very likely
 - iii. Somewhat likely
 - iv. Very likely

SECTION 8: BELIEFS ABOUT BIRTH CONTROL METHODS, STIs, & HCV (Other Variables)

These next questions are about your beliefs about birth control and sexually transmitted diseases.

- 8.1 I believe that ...
 - a. Used correctly, most birth control methods will lower the chances a woman will get pregnant.
 - i. Disagree
 - ii. Neither Disagree nor Agree
 - iii. Agree
 - b. Talking about birth control methods will make your partner uncomfortable.
 - i. Disagree
 - ii. Neither Disagree nor Agree
 - iii. Agree
 - c. Using some birth control methods can be dangerous to a woman's health.
 - i. Disagree
 - ii. Neither Disagree nor Agree
 - iii. Agree
 - d. Talking about birth control methods with your partner will bring the two of you a lot closer.

- i. Disagree
- ii. Neither Disagree nor Agree
- iii. Agree
- e. It is hard for Indian women to accept using birth control methods because at times in the past the federal government forced it on them.
 - i. Disagree
 - ii. Neither Disagree nor Agree
 - iii. Agree
- f. Some birth control methods are too difficult to use correctly.
 - i. Disagree
 - ii. Neither Disagree nor Agree
 - iii. Agree
- g. Most of my friends and same-age relatives who have sexual intercourse use some type of birth control method.
 - i. Disagree
 - ii. Neither Disagree nor Agree
 - iii. Agree
- h. My friends and same-age relatives encourage me to use some type of birth control method every time I have sexual intercourse.
 - i. Disagree
 - ii. Neither Disagree nor Agree
 - iii. Agree

8.2. I believe that ...

- a. My parents and most of my older relatives have talked with me about abstinence (not having sexual intercourse) as a method of birth control.
 - i. Disagree
 - ii. Neither Disagree nor Agree
 - iii. Agree
- b. My parents and most of my older relatives have talked with me about the importance of using some type of birth control method.
 - i. Disagree
 - ii. Neither Disagree nor Agree
 - iii. Agree
- c. I will insist on using a condom with a new sexual partner, even if my partner doesn't want to.
 - i. Disagree
 - ii. Neither Disagree nor Agree
 - iii. Agree
- d. If I were going to have sex in the next year, I would use condoms.
 - i. Disagree
 - ii. Neither Disagree nor Agree
 - iii. Agree
- e. I would avoid using condoms if at all possible.
 - i. Disagree
 - ii. Neither Disagree nor Agree
 - iii. Agree

f. Using condoms makes sex feel unnatural. i. Disagree ii. Neither Disagree nor Agree iii. Agree g. You feel closer to your partner when you don't use condoms. i. Disagree ii. Neither Disagree nor Agree iii. Agree h. If I decided to have sexual intercourse with someone, I'm quite certain I could get my partner to agree to use condoms. i. Disagree ii. Neither Disagree nor Agree iii. Agree i. If my partner wanted to use a condom, we could use one correctly. i. Disagree ii. Neither Disagree nor Agree iii. Agree j. I would never talk to a sex partner about using condoms. i. Disagree ii. Neither Disagree nor Agree iii. Agree 8.3 The next few questions are about Hepatitis C (HCV). Answer True or False. a. HCV has no long-term effects on your health...... True False b. It is possible to be vaccinated against HCV......True False c. People who have injected drugs are not at risk for HCV...... True False d. HCV can be transmitted by tattooing and body piercing. True False e. All people who have HCV can be cured......True False f. HCV can be transmitted by sharing razors or toothbrushes...... True False g. A person can get HCV by sharing a needle and syringe with someone when injecting drugs. True False h. A woman can get HCV through having sex with a man...... True False i. A person can get HCV from mosquitos...... True False j. Someone who looks very healthy can pass on HCV...... True False

SECTION 9: CONTRACEPTIVE & CONDOM USE SELF-EFFICACY (Other variables)

We are now going to ask you some questions about what is important to you when selecting a birth control method to use when you have sex.

- 9.1 Indicate how important or unimportant these things about birth control are to you when selecting a birth control method to use to prevent pregnancy. Use this scale for your answers:
 - 1. Not important
 - 2. Slightly important
 - 3. Moderately important
 - 4. Very important
 - 5. Extremely important
 - a. Does not require me to touch my partners genitals
 - 1 2 3 4 5

b.	is no	mess 2	y to use	e. 4	5
C.	Does 1	not ha	ave to b	e wash 4	ed or stored. 5
d.	Can I 1	pe bou 2	ght with 3	nout see	eing a health care provider or getting a prescription 5
e.	Can I 1	oe use 2	d witho 3	ut your 4	knowing about it. 5
f. (Only r 1	needs 2	to be us	sed whe	en I have sex. 5
g.	Redu 1	ces yo	our char 3	nces of 4	getting HIV. 5
h.	Redu 1	ces yo	our char 3	nces of 4	getting an STD other than HIV. 5
i. [Ooes 1	not ca 2	use side 3	e effect 4	s like bleeding, cramps, weight gain, or changes in mood in [NAME]. 5
j. [Ooes 1	not ca 2	use pai 3	n or irrit 4	tation. 5
k. '	Will n 1	ot dec 2	rease s 3	exual p 4	oleasure for you or [NAME]. 5
1. 1	s effe 1	ctive ii 2	n preve 3	nting pr 4	regnancy. 5
m.	It is i 1	nexpe 2	nsive. 3	4	5
n.	It is e 1	asy to 2	use. 3	4	5
0.	It is a 1	metho 2	od you	can cor 4	ntrol. 5
p.	It is a 1	metho 2	od your 3	partnei 4	f likes. 5
	ve are	-	j to ask	some o	questions about how confident you are using a condom. Use this scale for
3	2 Slig 3 Mo 4 Ve	ghtly co derate ry conf	confide onfiden ly confi ident / confid	t dent	

a.				you tha ect you? 4	t you could suggest using a condom even if you were afraid that your 5
b.				you tha condoms 4	t you could suggest using a condom even if you were unsure of how your s? 5
C.					t you could suggest using a condom even if you were afraid that your bu have had sex with another person before?
d.					t you could suggest using a condom even if you were afraid that your ave an STD? 5
e.	How 1	confid 2	ent do 3	you feel 4	in your ability to discuss using condoms with your partner?
f.	How 1	confide 2	ent do y 3	ou feel i 4	in your ability to use a condom correctly? 5
g.		confid partne 2		you feel 4	in your ability to put a condom on without breaking the sexual mood with 5
h.	How 1	confid 2	ent do 3	you feel 4	in your ability to buy condoms without feeling embarrassed?
i. l	How o	confide 2	ent are 3	you that 4	you could remember to carry a condom with you in case you need one?
j.	How (confide 2	ent do y 3	ou feel i 4	n your ability to use a condom with your partner even after drinking? 5
k.	How 1	confid 2	ent do	you feel 4	in your ability to use a condom with your partner even if you are high?
	How excite		ent do y 3	ou feel i 4	n your ability to use a condom with your partner even if you are sexually
	G	ood jo	b! You	are doi	ng great so far! Please continue answering the questions.
					ow sure you are that you could say NO to sex, alcohol, drugs, etc.—even if ese things before. (Choose one answer for each question)
a.	a fev	w days i. I Def ii. I Ca iii. I Do iv. I Ca v. I De	or less initely (n Say I on't Kno an't Say finitely	s? Can Say No ow	

- b. How sure are you that you would be able to say NO to having sex with someone you want to date again?
 - i. I Definitely Can Say No
 - ii. I Can Say No
 - iii. I Don't Know
 - iv. I Can't Say No
 - v. I Definitely Can't Say No
 - vi. Refuse to Answer
- c. How sure are you that you would be able to say NO to having sex with someone who you want to fall in love with you?
 - i. I Definitely Can Say No
 - ii. I Can Say No
 - iii. I Don't Know
 - iv. I Can't Say No
 - v. I Definitely Can't Say No
 - vi. Refuse to Answer
- d. How sure are you that you would be able to say NO to having sex with someone who is pressuring you to have sex?
 - i. I Definitely Can Say No
 - ii. I Can Say No
 - iii. I Don't Know
 - iv. I Can't Say No
 - v. I Definitely Can't Say No
 - vi. Refuse to Answer
- e. How sure are you that you would be able to say NO to having sex with someone after one or both of you have been drinking alcohol, smoking pot, and/or using drugs, etc.?
 - i. I Definitely Can Say No
 - ii. I Can Say No
 - iii. I Don't Know
 - iv. I Can't Say No
 - v. I Definitely Can't Say No
 - vi. Refuse to Answer
- f. How sure are you that you would be able to say NO to having sex with someone who refuses to wear a condom?
 - i. I Definitely Can Say No
 - ii. I Can Say No
 - iii. I Don't Know
 - iv. I Can't Say No
 - v. I Definitely Can't Say No
 - vi. Refuse to Answer
- g. How sure are you that you would be able to say NO to having sex with someone who you have had sex with before?
 - i. I Definitely Can Say No
 - ii. I Can Say No
 - iii. I Don't Know
 - iv. I Can't Say No
 - v. I Definitely Can't Say No
 - vi. Refuse to Answer

SECTION 10: HEALTHY RELATIONSHIPS CHARACTERISTICS (other variables)

a. One partner acts jealous or possessive.

i. Yes ii. No

10.1 Are the following signs of a healthy relationship? (Choose one answer for each question)

Think about a current close relationship (other than with a family member)—it could be a romantic relationship,

a close friend, or another. (If you don't have a relationship like that right now, think about one you had in the
past, or think about a relationship that you would like to have in the future.)

	iii. Don't Know iv. Refuse to Answer
b. On	ne partner criticizes or puts the other one down. i. Yes ii. No iii. Don't Know iv. Refuse to Answer
c. On	e of you threatens to hurt themselves or the other person if the relationship ever ends. i. Yes ii. No iii. Don't Know iv. Refuse to Answer
d. Yo	u and your partner feel free to ask honestly for what you want. i. Yes ii. No iii. Don't Know iv. Refuse to Answer
e. Yo	ur partner tries to change or control you (what you do and where you go). i. Yes ii. No iii. Don't Know iv. Refuse to Answer
f. You	and your partner are both comfortable with how physical the relationship is (or isn't). i. Yes ii. No iii. Don't Know iv. Refuse to Answer
g. Yo	u bring out the best qualities in each other. i. Yes ii. No iii. Don't Know iv. Refuse to Answer
h. Yo	u both feel close to each other (not just physically) and are willing to trust each other with personff.

- i. Yes
- ii. No
- iii. Don't Know
- iv. Refuse to Answer
- i. You make decisions jointly, with input from each partner.
 - i. Yes
 - ii. No
 - iii. Don't Know
 - iv. Refuse to Answer
- j. Your partner thinks there are some situations in which it is OK for him or her to hit you.
 - i. Yes
 - ii. No
 - iii. Don't Know
 - iv. Refuse to Answer

SECTION 11: LIFE EVENTS (other variables)

11.1 Life Events are the next set of questions. For each life event, answer "No" if the event did *not* happen to you in the *past year*, or "Yes" if the life event *did* happen to you in the *past year*.

	No	Yes
1. Has a family member called you names, insulted you, or shamed you on a regular basis?	0	1
2. Was your partner very jealous of you a lot of the time?	0	1
3. Was your partner stingy toward you a lot of the time?	0	1
4. Have you lived with someone who spent a lot of money gambling?	0	1
5. Has a member of your partner's family called you names, insulted you, or shamed you on a regular basis?	0	1
6. Have you wanted to work but could not find a job or lost a job?	0	1
7. Has your partner wanted to work but could not find a job or lost a job?	0	1
8. Have you worried about getting kicked out of school, or what your parents would say about your school performance?	0	1
9. Have you worried about doing poorly in sports?	0	1
10. Were you or a close family member threatened or hurt by gang violence?	0	1
11. Have people gossiped or spread rumors about you?	0	1
12. Has someone important to you attempted suicide and survived?	0	1
13. Has someone important to you committed suicide?	0	1
14. Have you had a serious argument with a friend or friends?	0	1
15. Have you broken up with your partner?	0	1
16. Have you gotten in a car wreck in which someone was hurt or killed?	0	1
17. Has a relative taken over the care of your child (or children)?	0	1
18. Have you lost custody of your child (or children)?	0	1
19. Were you unable to find good child care for your child (or children)?	0	1
20. Has someone important to you died from causes other than suicide?	0	1
21. Have you or someone important to you had an alcohol or drug problem?	0	1
22. Have you or someone important to you gone to an alcohol or drug treatment program?	0	1
23. Have you or someone important to you "fallen off the wagon"?	0	1
24. Have you or someone important to you had a serious health problem or injury or was hospitalized (not including alcohol or drug problems or treatment)?	0	1

You are almost done with the survey. These are the last questions.

- 11.1 Please mark which best describes how you felt during the past week.
 - a. I felt that I could not shake off the blues even with help from my family or friends.
 - i. None of the time (0 days)
 - ii. Rarely or a little of the time (1-2 days)
 - iii. Some of the time (3-4 days)
 - iv. Most or all of the time (5-7 days)
 - b. I felt depressed.
 - i. None of the time (0 days)
 - ii. Rarely or a little of the time (1-2 days)
 - iii. Some of the time (3-4 days)
 - iv. Most or all of the time (5-7 days)
 - c. I thought my life had been a failure.
 - i. None of the time (0 days)
 - ii. Rarely or a little of the time (1-2 days)
 - iii. Some of the time (3-4 days)
 - iv. Most or all of the time (5-7 days)
 - d. I felt fearful.
 - i. None of the time (0 days)
 - ii. Rarely or a little of the time (1-2 days)
 - iii. Some of the time (3-4 days)
 - iv. Most or all of the time (5-7 days)
 - e. I felt lonely.
 - i. None of the time (0 days)
 - ii. Rarely or a little of the time (1-2 days)
 - iii. Some of the time (3-4 days)
 - iv. Most or all of the time (5-7 days)
 - f. I had crying spells.
 - i. None of the time (0 days)
 - ii. Rarely or a little of the time (1-2 days)
 - iii. Some of the time (3-4 days)
 - iv. Most or all of the time (5-7 days)
 - g. I felt sad.
 - i. None of the time (0 days)
 - ii. Rarely or a little of the time (1-2 days)
 - iii. Some of the time (3-4 days)
 - iv. Most or all of the time (5-7 days)
 - h. I felt crabby.
 - i. None of the time (0 days)
 - ii. Rarely or a little of the time (1-2 days)
 - iii. Some of the time (3-4 days)
 - iv. Most or all of the time (5-7 days)
 - i. I felt hopeless.
 - i. None of the time (0 days)
 - ii. Rarely or a little of the time (1-2 days)

- iii. Some of the time (3-4 days)
- iv. Most or all of the time (5-7 days)
- j. I felt like no one cared.
 - i. None of the time (0 days)
 - ii. Rarely or a little of the time (1-2 days)
 - iii. Some of the time (3-4 days)
 - iv. Most or all of the time (5-7 days)
- k. I felt discouraged.
 - i. None of the time (0 days)
 - ii. Rarely or a little of the time (1-2 days)
 - iii. Some of the time (3-4 days)
 - iv. Most or all of the time (5-7 days)
- 11.2. During the past week
 - a. Have you often worried that you have made a fool of yourself in front of other people?
 - i. No
 - ii. Yes
 - b. Have you often worried that you have made a mistake or done something the wrong way?
 - i. No
 - ii. Yes
 - c. Have you been almost always worried about something?
 - i. No
 - ii. Yes
 - d. Have you been very worried about whether other people like you?
 - i. No
 - ii. Yes
 - e. Have you often gotten worried or nervous?
 - i. No
 - ii. Yes

YOU ARE FINISHED WITH THE SURVEY! THANK YOU VERY MUCH FOR TAKING THE TIME TO COMPLETE THE SURVEY. PLEASE REMEMBER THAT NONE OF YOUR RESPONSES WILL BE ASSOCIATED WITH YOUR NAME. IF YOU HAVE ANY QUESTIONS ABOUT THIS SURVEY PLEASE ASK US.

NenUnkUmbi/EdaHiYedo ("We Are Here Now") Informed Consent to Participate in Human Subjects Research with Montana State University in Partnership with Fort Peck Community College

What is this project about?

We Are Here Now is an intervention project with Fort Peck Community College and Montana State University. NenUnkUmbi/EdaHiYedo ("We are Here Now," or N/E) derives from the Assiniboine (NenUnkUmbi) and Sioux (EdaHiYedo) names for their traditional coming-of-age ceremonies. The purpose of this program is to teach youth at Fort Peck important things they need to know about sex so that they can stay healthy and not get a sexually transmitted disease, HIV, or Hepatitis C, and so that they can make healthy decisions about having children, getting pregnant, or getting someone pregnant. We Are Here Now also includes tribal elders and leaders teaching Assiniboine and Sioux youth about their culture and traditional beliefs and practices about what it means to be a young Native person who will soon be an adult. In addition to working with youth, We Are Here Now also is offering education to parents/legal guardians about how to speak with their children about sensitive topics related to sex.

Why me?

You and your child have been invited to participate in *We Are Here Now* and to help gather information about the program and its effects. Your participation in this intervention is entirely voluntary. You can choose not to participate at any time. You and your child may withdraw from the intervention at any time without negative consequences. Your participation in *We Are Here Now* is your choice.

What happens to me if I decide to participate?

If you agree to participate in *We Are Here Now*, you will be with other guardians or parents of young people who are participating in *We Are Here Now*, and you will learn about how to talk with your child about sex. *We Are Here Now* is a project that educates youth and their guardians/parents about sexual and reproductive health. As a participant in *We Are Here Now*, you will be talking with other guardians/parents about healthy sexual behaviors and about how to talk with your children about sex. You will be asked to complete a survey specifically for guardians/parents about how you talk to your child about sex and what kinds of things about sex you speak with them about. There is no cost to you if you agree to participate in this study. You will receive an incentive of \$20 for this first survey, and then \$10 each time you attend the four *Native Voices* sessions (at 2 of these sessions you will again fill out the survey). Finally, you will receive a \$25 incentive for completing the final survey after the end of the program.

What are the risks?

Some of the questions may make you feel a bit uncomfortable. For example, we will ask you about what kinds of sexual topics you talk about with your child.

What are the benefits?

Through this program you will learn about ways to speak effectively with your child about sex and topics related to sexual health. The information gathered in this survey will help the intervention's research team and members of the Fort Peck community to understand what kind of impact your participation in *We Are Here Now* is having on your decisions to talk with your child about sensitive topics related to sex.

Who gets access to information from this interview?

All responses on this survey will be confidential. Only one person, Paula FireMoon, will know that you participated. Your personal information such as your name, telephone number and address will be linked to a study identification number to track your participation in the study. Your personal information will only be kept inorder to contact you to participate in the follow up data collection for this study. Your

personal information will be kept in a locked file cabinet at the Fort Peck Community College Institutional Review Board administration office in Poplar. Neither Paula nor the rest of the research team, nor the community advisory board, will know what your individual responses to the survey are. The data collected in this study will not be associated with your name. The research team and the community advisory board will have access to the data collected for this project with no identifying information on it that can be associated with your name.

How am I informed about the results of the project, and when will they be released and presented to someone else?

We will publish the intervention results and make presentations on the results from *We Are Here Now*. Your identity will never appear in a publication or in print or be discussed at a presentation. In addition, you will have the opportunity to learn about the intervention results by contacting members of the research team, by attending community meetings where we share the results of the project, and through local (Fort Peck Reservation) media.

Who is involved in We Are Here Now?

If you have any questions regarding this survey please contact:

Paula FireMoon, Fort Peck Community College

Email: PFiremoon@fpcc,edu; Phone: 406.768.6300

Elizabeth Rink, Montana State University

Email: elizabeth.rink@montana.edu; Phone: 406.994.3833

Mark Quinn, Montana State University Institutional Review Board Chair

Email: mquinn@montana.edu; Phone: 406.994. 4707

CONSENT STATEMENT

Parent/Legal Guardian for Minor: I have read the above and understand the discomfort, nconvenience, and risks associated with this survey.					
I, Parent/Guardian	_, do agree to participate in this survey.	Name of			
Parent/Guardian Signature:	Date:				
Survey Administrator Signature:	Date				

"NenUnkUmbi/EdaHiYedo" (We Are Here Now)

PARENT SURVEY

We want to learn more about how you discuss sex with your child and what kinds of topics you discuss. We will be asking you a series of questions about how you talk to your child about sex and how you experience this communication. We thank you for your time.

SECTION 1: DEMOGRAPHICS

1.	How old are you	?	_
2.	What is the high	est grade you	have completed?
3.	What is your occ	rupation?	
4.	What is your ma	rtial status? F	Please circle one.
	a. married	b. single	c. living with a boyfriend/girlfriend

SECTION 2: COMMUNICATION WITH CHILD

Next we are going to ask some questions about how you feel about your ability to talk to your child about sex and what kinds of things about sex you specifically talk about.

1. How would you rate your ability to communicate with your child in general?

We would like to start by asking you some questions about yourself.

- a. Difficult
- b. Somewhat Difficult
- c. Neither Difficult or Easy
- d. Somewhat Easy
- e. Easy
- 2. How would you rate your ability to communicate with your child about sex?
 - a. Difficult
 - b. Somewhat Difficult
 - c. Neither Difficult or Easy
 - d. Somewhat Easy
 - e. Easy
- 3. I would like to talk more often with my child about sex and sexuality.
 - a. Yes
 - b. No

4. Have you ever talked with your child about each of the following topics?

	YES	NO	I DON'T KNOW
a. What qualities are important in choosing close			
friends			
b. What qualities to look for in a			
boyfriend/girlfriend/life partner			
c. How to ask someone out on a date			
d. How boys' bodies change physically as they grow up			
e. How girls' bodies change physically as they grow up			
f. How women get pregnant and have babies			
g. Symptoms of sexually transmitted infections (STIs)			
h. Reasons why people like to have sex			
i. How well birth control can prevent pregnancy			
i. How to choose a method of birth control			
k. How to say no if someone wants to have sex and you			
don't want to			
l. How well condoms can prevent sexually transmitted			
infections (STIs)			
m. Menstruation (having menstrual periods)			
n. The importance of not pressuring other people to			
have sex			
o. How your child will make decisions about whether or			
not to have sex			
p. Consequences of getting pregnant/getting someone			
pregnant			
q. How to use a condom			
r. Reasons why your child should not have sex at this			
time			
s. Masturbation			
t. What it feels like to have sex			
u. Homosexuality/people being gay			
v. Wet dreams [measured for parents of boys only]			
w. What to do if a partner doesn't want to use a condom			
x. How people can prevent getting sexually transmitted			
infections (STIs)			
y. How your child will know if he/she is in love			

<u>CLOSING STATEMENT</u>
Thank you so much! That is all of our questions. As I said in the beginning, everything you told me today will remain private. Your name will not be on any information.